



STATE OF CONNECTICUT
DEPARTMENT OF CORRECTION
FACILITIES MANAGEMENT & ENGINEERING
24 WOLCOTT HILL ROAD
WETHERSFIELD, CONNECTICUT 06109

Rich Pease
(860) 692-7562
FAX: (860) 692-7556

March 10, 2011

Attention: Air Clerk
U.S. Environmental Protection Agency – New England
5 Post Office Square, Suite 100
Mail Code: OES04-2
Boston, MA 02109-3912



**Subject: Paint Stripping and Miscellaneous Surface Coating Area Source NESHAP
Notification of Compliance Status**

As required by 40 CFR, Part 63.11175(b), attached is the above referenced Notification of Compliance Status for the Department of Correction's Osborn and Manson Youth facilities. Please note that the paint spray booths at these locations may not have been used since the effective date of the Final Rule.

If you have any questions with regard to this submittal, please contact me at (860) 692-7562.

Sincerely Yours,

Richard Pease

Richard Pease
Environmental Analyst 3

c: Caryn McCarthy
Tim Carey
file

Example Initial Notification
Paint Stripping and Miscellaneous Surface Coating Area Sources
National Emission Standards for Hazardous Air Pollutants (NESHAP) Subpart HHHHHH
40 CFR §§ 63.11169-63.11180
(Example Format as of October 15, 2009)

This example format may be used to meet the Initial Notification requirements of Subpart HHHHHH; however, you are not required to use this format as long as you provide the information required by 40 CFR § 63.11175(a). This example format for the Initial Notification may also serve as the Notification of Compliance Status as provided for under 40 CFR § 63.11175(a)(8). A copy of the brochure on this regulation is located at http://www.epa.gov/ttn/atw/area/paint_stripb.pdf

1. Company Name Department of Correction
Facility Name (if different) Osborn Correctional Institution
2. Information about the owner and operator:
 - a. Owner's Name and Title David Batten, Director, FM+E
Owner's Street Address 24 Wolcott Hill Rd. Wethersfield, CT 06109
Street City State Zip
Owner's Telephone Number 860-692-7554
Owner's E-mail Address (if available) David.batten@pa.state.ct.us
 - Is the Operator the same person as the Owner? Yes ☒ No ☐
If the Operator information is different please provide the following:
 - b. Operator's Name and Title _____
Operator's Street Address _____
Street City State Zip
Operator's Telephone Number _____
Operator's E-mail Address (if available) _____
 - Is the certifying company official that will sign this form different from the above owner or operator? Yes ☐ No ☒
If Certifying Official information is different please provide the following:
 - c. Certifying Official's Name and Title _____
Certifying Official's Address _____
Street City State Zip
Certifying Official's Telephone Number _____
Certifying Official's E-mail Address (if available) _____
3. The street address (physical location) of the affected source
335 Bilton Rd. Somers, CT 06071
Street City State Zip
Are the compliance records located at the same location? Yes ☐ No ☐
If the location of compliance records is different please provide street address:
24 Wolcott Hill Rd. Wethersfield, CT 06109
Street City State Zip
Is the source a motor vehicle or mobile equipment surface coating operation that repairs vehicles at the customer's location, rather than at a fixed location?
Yes ☐ No ☒

4. **Identification of Standard (check this box):**
☒ Yes, I am subject to 40 CFR Part 63 Subpart HHHHHH, National Emission Standards for Hazardous Air Pollutants: Paint Stripping and Miscellaneous Surface Coating Operations at Area Source; Final Rule

5. **A brief description of the type of operation:**
For Surface Coating Operations

- a. I am a:
☒ Motor Vehicle or Mobile Equipment Surface Coating Operation
☐ Miscellaneous Surface Coating Operation
- b. Number of spray booths 1
- c. Number of preparation stations 0
- d. Number of painters usually employed 1

For Paint Stripping Operations

- a. Methods of paint stripping employed (check all that apply)
☐ Chemical ☐ Mechanical ☐ Other (please describe) _____
- b. Substrates stripped (check all that apply)
☐ Wood ☐ Plastic ☐ Metal ☐ Other (please describe) _____

6. **Methylene Chloride (MeCl) Used by Paint Stripping Operations**
Do you plan to use more than 1 ton of MeCl annually? Yes ☐ No ☐

7. **Compliance Status (check one)**

For paint stripping operations, the relevant requirements that you must evaluate in making this determination are specified in 40 CFR § 63.11173(a) through (d) of this subpart. For surface coating operations, the relevant requirements are specified in 40 CFR § 63.11173(e) through (g) of this subpart.

- ☒ I am already in compliance with each of the relevant requirements
☐ I will be in compliance with each of the relevant requirements by the compliance date

Compliance dates are as follows:

New source (initial startup after January 9, 2008) compliance date is date of initial startup

New source (initial startup after September 17, 2007 but before January 9, 2008) compliance date is January 9, 2008

Existing source (initial startup before September 17, 2007) compliance date is January 10, 2011

Note: Initial startup is the first time equipment is brought online in a paint stripping or surface coating operation, and paint stripping or surface coating is first performed.

8. **Certification of Compliance Status (check one)**

☐ This source is a new source. I certify that this source is in compliance with each of the relevant requirements of this subpart. This Initial Notification also serves as the Notification of Compliance Status.

☒ This source is an existing source. I certify that this source is in compliance with each of the relevant requirements of this subpart. This Initial Notification also serves as the Notification of Compliance Status.

☐ This source is an existing source. I am submitting this form as an Initial Notification only. I understand a responsible company official has until March 11, 2011 to submit a Notification of Compliance Status certifying an existing source's compliance with the relevant requirements of this subpart as specified under 40 CFR § 63.11175(b).

If this Initial Notification also serves as the Notification of Compliance Status, this source has complied with all of the relevant standards of this subpart.

I certify the truth, accuracy, and completeness of this notification.

Signature of responsible official: David Batten

Date: 3/2/11

Print name of responsible official: David Batten

Title: Director, FM+E

Example Initial Notification
Paint Stripping and Miscellaneous Surface Coating Area Sources
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1. Company Name Department of Correction
Facility Name (if different) Manson Youth Institution
2. Information about the owner and operator:
 - a. Owner's Name and Title David Batten, Director, FM+E
Owner's Street Address 24 Wolcott Hill Rd. Wethersfield, CT 06109
Street City State Zip
Owner's Telephone Number 860-692-7554
Owner's E-mail Address (if available) david.batten@po.state.ct.us
 - Is the Operator the same person as the Owner? Yes ☒ No ☐
If the Operator information is different please provide the following:
 - b. Operator's Name and Title _____
Operator's Street Address _____
Street City State Zip
Operator's Telephone Number _____
Operator's E-mail Address (if available) _____
 - Is the certifying company official that will sign this form different from the above owner or operator? Yes ☐ No ☒
If Certifying Official information is different please provide the following:
 - c. Certifying Official's Name and Title _____
Certifying Official's Address _____
Street City State Zip
Certifying Official's Telephone Number _____
Certifying Official's E-mail Address (if available) _____
3. The street address (physical location) of the affected source
42 Jarvis St. Cheshire, CT 06410
Street City State Zip
Are the compliance records located at the same location? Yes ☐ No ☒
If the location of compliance records, if different please provide street address:
24 Wolcott Hill Rd. Wethersfield, CT 06109
Street City State Zip
Is the source a motor vehicle or mobile equipment surface coating operation that repairs vehicles at the customer's location, rather than at a fixed location?
Yes ☐ No ☒

4. **Identification of Standard (check this box):**

- ☒ Yes, I am subject to 40 CFR Part 63 Subpart HHHHHH, National Emission Standards for Hazardous Air Pollutants: Paint Stripping and Miscellaneous Surface Coating Operations at Area Source; Final Rule

5. **A brief description of the type of operation:**

For Surface Coating Operations

a. I am a:

- ☒ Motor Vehicle or Mobile Equipment Surface Coating Operation
☐ Miscellaneous Surface Coating Operation

b. Number of spray booths 1

c. Number of preparation stations

d. Number of painters usually employed 1 instructor, 20 inmates

For Paint Stripping Operations

a. Methods of paint stripping employed (check all that apply)

- ☐ Chemical ☐ Mechanical ☐ Other (please describe) _____

b. Substrates stripped (check all that apply)

- ☐ Wood ☐ Plastic ☐ Metal ☐ Other (please describe) _____

6. **Methylene Chloride (MeCl) Used by Paint Stripping Operations**

Do you plan to use more than 1 ton of MeCl annually? Yes ☐ No ☐

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If this Initial Notification also serves as the Notification of Compliance Status, this source has complied with all of the relevant standards of this subpart.

I certify the truth, accuracy, and completeness of this notification.

Signature of responsible official: David Batten

Date: 3/10/11

Print name of responsible official: David Batten

Title: Director, F01+E